

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Clark et al.	Group No: 3771
Application No: 10/627,591 Confirmation No. 2973	Examiner: Douglas, Steven O
Filed: July 25, 2003	Attorney Docket No: 53229-US-CNT[2] (NV.0029.10)
Title: AEROSOLIZED ACTIVE AGENT DELIVERY	August 23, 2010 San Francisco, CA 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time	
Via EFS <input checked="" type="checkbox"/> Reply Brief <input type="checkbox"/> Comments on Statement of Reasons for Allowance <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136	
	Extension (Months)	Extension Fee
		Large Entity Small Entity
	<input type="checkbox"/> One Month	\$130.00 \$65.00
	<input type="checkbox"/> Two Months	\$490.00 \$245.00
	<input type="checkbox"/> Three Months	\$1,110.00 \$555.00
Total \$ 0.00		
<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	23	30	0	\$52.00	\$26.00	\$0.00
Independent Claims	4	5	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fee	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
Fee for Appeal Brief	\$0.00		
Total	\$0.00		
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$0.00.		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please send correspondence to: NOVARTIS AG Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a) I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; facsimile transmitted to the U.S. Patent Office at (571) 263-8300; or electronically submitted via EFS on the date shown below:		Respectfully Submitted,	
By: <u>Melanie Hitchcock</u> Date: <u>August 23, 2010</u> Melanie Hitchcock		By: <u>Guy V. Tucker</u> Date: <u>August 23, 2010</u> Guy V. Tucker Registration No. 45,302	